

# STATE OF MAINE

## LIABILITY CLAIM REPORT

<b>Name and address of insurance company</b>	Contact Person:
	Title:
	Telephone & Extension:
	E-Mail Address:

Pressing the F1 key on your keyboard will bring up HELP for the selected field

REPORT OF CLAIM			
Date of Report:		Check here if this is a reopened claim: <input type="checkbox"/>	
<b>Claim Number:</b>	<b>Policy Number:</b>	<b>Insured's Information</b>	
		Name:	
		Title:	
<b>Class Description/Specialty:</b>	<b>Classification of risk:</b> <small>(ISO or Insurer Code No. )</small>	Affiliation:	
		Address 1	
		Address 2	
<b>Date of Occurrence:</b>	<b>Place of Occurrence:</b>	City:	
		State:                                  Zip:	
<b>Date Claim Asserted:</b>	<b>Amount Claimed:</b> (if stated)	<b>Description of Occurrence:</b>	
Is wrongful death asserted as a claim?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Professional License Number:</b>			
Check If:			
MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> Dentist <input type="checkbox"/> Podiatrist <input type="checkbox"/>			
Known Codefendant(s) and Claim Number(s)		Known Codefendant(s) and Claim Number(s)	
Name		Name	
No.		No.	
Name		Name	
No.		No.	
Name		Name	
No.		No.	

REPORT OF DISPOSITION			
Date of Report:		Check here if this is a reopened Disposition: <input type="checkbox"/>	
Date Suit Filed:	Docket Number:	Reviewed by pre-litigation screening panel?	If NO, why? (Reason #)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Date of settlement, judgment, award, or closing of file:	<b>Outcome of pre-litigation screening panel:</b>		
	Decision Date:                                  Yes                                  No		
	§ 2855(1)(A) Deviation from Standard of Care		
Amount of award / settlement	§ 2855(1)(B) Proximate Cause		
	§ 2855(1)(C) Comparative Negligence		
	If case was dismissed by panel chair, check here <input type="checkbox"/>		
Allocated claims expense:	Reason for disposition (Place an X beside applicable number)		
	1. Settlement <input type="checkbox"/> 2. Dismissal <input type="checkbox"/> 3. Judgment for defendant <input type="checkbox"/> 4. Withdrawal <input type="checkbox"/>		
	5. Abandonment <input type="checkbox"/> 6. Judgment for Plaintiff <input type="checkbox"/> 7. Other <input type="checkbox"/>		

<b>Comments:</b>
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